US COSTOR S	UNITTO STAT F THE C. PARTMEN	ES INTERIOR	SUBMIT IN (Other instr verse side)	uctions (		Form approved. Budget Bureau SE DESIGNATION AN	
CC - Agrees	GEOLOGICAL SU	JRVEY		HOODS		NM-017751	7
	NOTICES AND RE for proposals to drill or to deep "APPLICATION FOR PERMIT—	PORTS ON pen or plug back to for such propose	WELLS to a different r als.)	FEB 22	11 44 !	W'67	R TBIBE NAM
1.  OIL GAS WELL WELL	OTHER	-	<del></del>		7. UNI	T AGREEMENT NAME	<del></del>
2. NAME OF OPERATOR	· ·				8. FAR	M OR LEASE NAME	
Max Coll					Co		
8. ADDRESS OF OPERATOR	<b>7</b> 00				9. WEI	LL NO.	•
P. O. Box  4. LOCATION OF WELL (Report See also space 17 below.) At surface	location clearly and in accordan	nce with any State	e requirements.	•	10. FI	ELD AND FOOL, OR V	VILDCAT
1 - D - #3 - 8	3S - 30 E				11. SE	C., T., B., M., OR BLE SURVEY OR AREA	. AND
14. PERMIT NO.	15. ELEVATIONS (Sho	w whether DF, RT,	GR, etc.)		12. co	UNTY OR PARISH 1	3. STATE
					c	haves	NM
16. C	heck Appropriate Box To	Indicate Natur	re of Notice,	Report, or	Other D	ata	
	OF INTENTION TO:	1			QUENT REP		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT	r-orr		REPAIRING WEI	.r.
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TR	-		ALTERING CASI	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OF	R ACIDIZING		ABANDONMENT*	
REPAIR WELL	CHANGE PLANS			ork ov		inla samplation on	X
(Other)	PLETED OPERATIONS (Clearly state is directionally drilled, give sub		Comple	ction or Recon	apletion Re	iple completion on port and Log form.	)
pper perfs commu 544' to 69'& 361 5 3583'. Perf.	ubing - Set squanticated. Set so 0° to 20° with I 20ne 3544 to 356 0bed dry. Re act	queeze to 150 sx to 59 w/50 h	ol at 3 4000 P	401°, s SI. Di Acidzeo	squeez rilled I with	ed perf out cmdt 4000gal	•
oper perfs commu 544' to 69'& 361 5 3583'. Perf. 5% HCL Acid swab swabbed back lo	nicated. Set so 0° to 20° with I zone 3544 to 356 bed dry. Re act ad. Put on pump	queeze to 150 sx to 59 w/50 h idzed w/8	ol at 3 4000 P oles. 000 28%	401°, s SI. Di Acidzed HCL ac	squeez rilled l with	ed perf out cmdt 4000gal Flooded	
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pper perfs commu 544* to 69*& 361 5 3583*. Perf. 8% HCL Acid swab swabbed back lo 2 Hours complete	inicated. Set so  of to 20° with I  zone 3544 to 356  bed dry. Re act  ad. Put on pump  d 2-9-67	queeze to 150 sx to 59 w/50 h idzed w/8	ol at 3 4000 P oles. 000 28%	401°, s SI. Di Acidzed HCL ac	squeez rilled l with	ed perf out cmdt 4000gal Flooded	
oper perfs commu 544 to 69 % 361 a 3583 . Perf. B. HCL Acid swab swabbed back lo 2 Hours complete  18. I hereby certify that the fo SIGNED	nicated. Set so of to 20 with I zone 3544 to 356 bed dry. Re act ad. Put on pump d 2-9-67	queeze to 150 sx to 59 w/50 h idzed w/8 o. Poten	ol at 3 4000 P oles. 000 28%	401°, s SI. Di Acidzed HCL ac	squeez rilled l with	ed perf out cmdt 4000gal Flooded	
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pper perfs commu 544 to 69 & 361 53583 Perf. 55 HCL Acid swab swabbed back lo 2 Hours complete  This space for Federal or  APPROVED BY CONDITIONS OF APPROV	oregoing is true and correct  State office use)  AL, IF ANY:	queeze to 150 sx to 59 w/50 h idzed w/8 o. Poten	ent 25	401', s SI. Di Acidzed HCL ac sted 77	squeez rilled l with rid.	ATE 2-20-	
oper perfs commus of 44° to 69° 8° 361° 3583°. Perf. 6.76 HCL Acid swab swabbed back lo 2° Hours complete compl	oregoing is true and correct  State office use)  AL, IF ANY:	THE Ag	ent 25	401, s SI. Di Acidzed HCL ac sted 77	FEB 2	ATE 2-20-1  ATE 2-20-1  ATE 1967	
oper perfs commus of 44° to 69° 8° 361° 3583°. Perf. 6.76 HCL Acid swab swabbed back lo 2° Hours complete compl	oregoing is true and correct  State office use)  AL, IF ANY:	THE Ag	ent 25	401, s SI. Di Acidzed HCL ac sted 77	FEB 2	ATE 2-20-	